DATERIT ADDI ICATIONI EEE DETERMINATION DECORE									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								OFE 1854					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			5					RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			SIC FE			BASIC FEE		
TOTAL CHARGEABLE CLAIMS			5/m	∠ minus 20=		. 31		(S 9=	279	OR			
INDEPENDENT CLAIMS			3 1	minus 3 =		·		(43=	1		Voc.		
MULTIPLE DEPENDENT CLAIM PR			PRESENT	, , , , , , , , , , , , , , , , , , , 						OR	7002		
* 14	the difference	o in column 1 is	loop than a	less than zoro, optor "O" in column 2			+	145=		OR	+290=		
*If the difference in column 1 is less than zero, enter "0" in column 2							· T0	DTAL	GOH	OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							51	fΔII	ENTITY	OR	OTHER SMALL		
A		CLAIMS	· ·	(Column 2)		(Column 3)	J.,		ADDI-	7	JIIIALE	ADDI-	
		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA	R.	ATE	TIONAL		RATE	TIONAL	
AMENDMENT	·Total	•	Minus	**		=	X	§ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=	X	43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									JUN	•		
								45=		OR	+290=		
								T. FEE		OR	TOTAL ADDIT. FEE		
1	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST									3 1			
NDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOI PAID F	USLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	. X\$	9=		OR	X\$18=	•	
ME	Independent	*	Minus	***	·	= .		3=			X86=		
4	FIRST PRESE		OR	X00=									
							+14			OR	+290=	•	
. •.							T ADDIT	OTAL FEE		OR ,	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
ב ב ב		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
	ndependent	*	Minus	drank		=	X43	\dashv		f			
1	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT C)= 		OR	X86=	·		
·								5=		OR	+290=	•	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TO T								TAL FEE		OR A	TOTAL DDIT. FEE		
Th	ne Highest Numi	nber Previously Paid ber Previously Paid	For" (Total or	o SMACE is le Independent	ess than) is the h	3, enter "3." lighest number f		•	ropriate box	in colu	mn 1.	,	
	•			•				•	•	• ,	•		